Kansas Wireless Enhanced 911 Advisory Board

Expenditure Report for funds distributed by the local collection point administrator for Wireless Enhanced 911

(Due January 20th & July 20th or first business day by 5:00 p.m.)

1. Agency Name:		
Address:		
City, State	Zip:	
Contact Person:	Phone #:	
2. REPORTING PERIOD		
For the period July 1 - December 31	П	
For the period January 1 - June 30		
3. FUND TOTAL - Balance from previous reportin	ng period	
4. REVENUE - Amount collected for current repo	rting period	+
A. Total Amount of Wireless Enhanced 911 Funds		
Received from Local Collection Point Administrator		+
B. Total Amount of Interest Earned on Wireless En	nhanced 911 Funds	
Received from Local Collection Point Administrator		
5. EXPENDITURES FOR CURRENT REPORTING	PERIOD	
Product/Scruics	Total Coat	Amount Paid From
Product/Service	Total Cost	Wireless Fund
		<u> </u>
		<u> </u>
		+
		
	 Total	+
S. BALANCE	ıotai	=
Total funds collected, minus expenditures, through curi	rent reporting period	
Collected from local collection point administrator	. J Jopon any poriou	
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7.	CCOMPLISHMENTS		
	In the space below please indicate what has been accomplished by using the	se funds.	
8.	INTENDED USE		
	In the space below please indicate the intended usage for fund balance.		
9 1	FINANCE OFFICER		
•	As Finance Officer for, I, I		
	(political subdivision) (name)		
	certify that I have written or reviewed this Revenue/Expenditure Report and that all the	he information in	
	the report is true and correct as of this date.		
	<u> </u>		
	Signature	Date	
	- Mail	Discuss #	
	E-Mail	Phone #	
			
	Address	Fax #	

Add additional pages as necessary to complete the information. This information may be submitted via email as an attachment to Jamie Bowser, email address jamie.bowser@gov.state.ks.us.